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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90076 015 ***150.00

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1, Corporatio	MENT on Name	# K536	667						
29TH AN	ND 8TH, I	INC.							
Principal Plac	ce of Busines	SS	Mailing Address				. 1001 Etti 001 01100 11110 01110 01111 1401 0101		JEBAT WIGHT TO BE
12257 SW 1297 MIAMI FL 3318 US			12257 SW 129TH MIAMI FL 33186 US				DO NOT WRITE IN TH	IS SPACE	
							Date incorporated or Qualifed 01/01/1989		
	Place of Busi	ness	2a. Mailing Addre	ess		•	4. FEI Number	Ap	plied For
21 Suite And W. ata			26				59-2928550		ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 / Fee Re	Additional equired
City & State			City & State	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip		Country	Zip		Country		8. This corporation owes the current year I	ntangible	
24		25	29	30	0		Personal Property Tax.	☐ Yes	□No
	9. Name	and Address of 0	Current Registered Agent		81	Name	10. Name and Address of New Registere	d Agent	
DRES	SNICK, JIM	IMIE							
12257 SW 129TH CT.					82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
MIAN	VII FL 3318	6			83				
					84 (City	F	85 Zip (Code
11, Pursuant	to the provis	sions of Sections 60	07.0502 and 607.1508, Florid	la Statutes.	the above-n	named corpo	oration submits this statement for the purpose of		registered
office or -									
agent. La	registered ag am familiar w	ent, or both, in the	State of Florida. Such chang	ge was auth	norized by the	e corporation	on's board of directors. I hereby accept the app	ointment as re	gistered
agent. I a	registered ag am familiar w	ent, or both, in the ith, and accept the	State of Florida. Such chang obligations of, Section 607.0	ge was auth	norized by the	e corporation	on's board of directors. I hereby accept the app	ointment as re	gistered
agent. I a	ım familiar w	ith, and accept the	State of Florida. Such chang obligations of, Section 607.0 ered agent and title if applicable.	ge was autho 1505, Florida	norized by the a Statutes.	e corporatio	on's board of directors. I hereby accept the app	ointment as re	gistered
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agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed PVST DRESNIC 12257 SV	ith, and accept the or printed name of registe OFFICE K, JIMMIE V 129TH CT.	State of Florida. Such chang obligations of, Section 607.0 ered agent and title if applicable. RS AND DIRECTORS	ge was auth 1505, Florida (NOTE: Re	orized by the a Statutes. significant Agent significant Agent significant Agent significant Agent significant Agent significant Agent Statut Agent Ag	e corporation	on's board of directors. I hereby accept the app	ointment as re	gistered DRS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST DRESNIC 12257 SV MIAMI FL	ith, and accept the or printed name of registe OFFICE K, JIMMIE V 129TH CT.	State of Florida. Such chang obligations of, Section 607.0 ered agent and title if applicable. RS AND DIRECTORS	ye was auth 1905, Florida (NOTE: Re	orized by the a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET AD 1.4 CITY-ST-ZI	e corporation	on's board of directors. I hereby accept the app	AND DIRECTO	PRS IN 12 ☐ Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed PVST DRESNIC 12257 SV MIAMI FL D	ith, and accept the or printed name of registe OFFICEI K, JIMMIE V 129TH CT. 33186	State of Florida. Such chang obligations of, Section 607.0 ered agent and title if applicable. RS AND DIRECTORS	ye was auth 1905, Florida (NOTE: Re	orized by the a Statutes. sgistered Agent sk 13. 1.1 TITLE 1.2 NAME 1.3 STREET AD 1.4 CITY-ST-ZI 2.1 TITLE	e corporation	on's board of directors. I hereby accept the app	ointment as re	gistered DRS IN 12
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6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, opening attachment with an address, with all other like empowered.

SIGNATURE:

E REQUIRED

F SIGNING OFFICER OR DIRECTOR

Daytime Phone #